

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS639HOS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/12/2011
NAME OF PROVIDER OR SUPPLIER SUNRISE HOSPITAL AND MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 3186 S MARYLAND PKWY LAS VEGAS, NV 89109		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on 05/12/11 and finalized on 05/12/11, in accordance with Nevada Administrative Code, Chapter 449, Hospital.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>Complaint #NV00028141 - The allegation regarding unsanitary physical environment on a nursing unit was substantiated. (See Tag# S0105)</p> <p>Complaint #NV00028068 - The allegation regarding infection control practices not followed by nursing staff in the Infusion Center was unsubstantiated. The allegation of inadequate medical equipment available for patient use was unsubstantiated. The allegation regarding improper nursing assessment and administration of blood products was unsubstantiated.</p> <p>Complaint #NV00028235 - The allegation regarding discharge of a patient without adequate services in place was unsubstantiated.</p> <p># NV00028068: The complaint investigative process was initiated by the Bureau of Health Care Quality and Compliance on 05/12/11.</p> <p>The investigation included:</p> <p>Observations of the Infusion Center. Observations verified all areas of the Infusion Center including infusion chairs, tables, infusion</p>	S 000	<p>Acceptable POC 6-1-11 7PS</p>	

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Signature *May* *CEO* *5-27-11*
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

YEGJ11

RECEIVED
MAY 27 2011
BUREAU OF LICENSURE AND CERTIFICATION
LAS VEGAS, NEVADA

If continuation sheet 1 of 6

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS639HOS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/12/2011
NAME OF PROVIDER OR SUPPLIER SUNRISE HOSPITAL AND MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 3186 S MARYLAND PKWY LAS VEGAS, NV 89109		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	<p>Continued From page 1</p> <p>pumps, oxygenators, environmental surfaces, floors and walls were found to be clean and sanitary. All areas were observed to be cleaned with EPA approved disinfectant after patient use. Nursing staff were observed using proper hand hygiene and glove use when providing patient care. There was adequate oxygenators, oxygen tanks available for patient use. There were adequate electrical outlets to accommodate equipment used for patient care.</p> <p>Interviews were conducted with the Administrative Director of the Infusion Center, Charge Nurse of the Infusion Center, Vice President of Quality, Regulatory Compliance Coordinator, and the Laboratory Administrative Director.</p> <p>Review of Policies and Procedures which included: Blood Transfusion Policy and Procedure, Patient Identification Policy and Procedure, Risk Management Online Notification Policy and Procedure and Blood Transfusion Incident Report.</p> <p>Nursing staff identified a discrepancy in patient identification verification when preparing to administer a blood transfusion and immediately notified the facility lab. The nursing staff followed blood transfusion policy and procedure and the blood transfusion was not administered until patient verification was confirmed. The error was a result of a scanning problem by the blood bank staff. The allegations regarding inadequate medical equipment, inadequate electrical outlets and infection control practices not being followed by nursing staff working in the Infusion Center were not substantiated.</p> <p>#NV00028235: The complaint process was initiated by the Bureau of Health Care Quality and</p>	S 000		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

STATE FORM

5899

YEGJ11

If continuation sheet 2 of 6

RECEIVED
MAY 27 2011
BUREAU OF LICENSURE AND CERTIFICATION
LAS VEGAS, NEVADA

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS639HOS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/12/2011
NAME OF PROVIDER OR SUPPLIER SUNRISE HOSPITAL AND MEDICAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3186 S MARYLAND PKWY LAS VEGAS, NV 89109		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
S 000	Continued From page 2 Compliance on 05/12/11. Interviews were conducted with the Regulatory Compliance Coordinator and the patients Case Manager. Review of one (1) medical record was completed. Review of Policies and Procedures included Discharge Planning/ Case Management Policies. The facility's Case Management department followed physician discharge orders and made the appropriate arrangements for home health care, supplies, teaching and services for the patient. Documentation in the medical record indicated the patients representative and responsible party agreed to the services provided. There were no discharge planning deficiencies identified. A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included. Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements. The following deficiencies were identified.	S 000			
S 105 SS=E	NAC 449.322 Housekeeping Services 1. A hospital shall establish organized housekeeping services planned, operated and	S 105	TAG S 105 Sunrise Hospital has thoroughly reviewed this deficiency. Please see the corrective actions below: a) The referenced patient is no longer a patient at the facility and therefore no corrective actions can be accomplished for this patient. b) This deficiency could potentially affect any patient admitted to the hospital. c) The following measures have been put in place and systematic changes initiated to ensure the deficient practice will not recur.		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

STATE FORM

5899

YEGJ11

If continuation sheet 3 of 6

RECEIVED
MAY 27 2011
BUREAU OF LICENSURE AND CERTIFICATION
LAS VEGAS, NEVADA

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS639HOS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/12/2011
NAME OF PROVIDER OR SUPPLIER SUNRISE HOSPITAL AND MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 3186 S MARYLAND PKWY LAS VEGAS, NV 89109		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 105	<p>Continued From page 3</p> <p>maintained to provide a pleasant, safe and sanitary environment. Adequate personnel, using accepted practices and procedures, shall keep the hospital free from offensive odors, accumulations of dirt, rubbish, dust and safety hazards.</p> <p>This Regulation is not met as evidenced by: Based on observation, interview and document review the facility's housekeeping staff failed to ensure patient rooms and bathrooms on the 500 East nursing unit were kept clean and sanitary and free from an accumulation of dust, dirt, trash, rubbish and pests.</p> <p>Findings include:</p> <p>On 05/12/11 at 10:30 AM a tour of unit 500 East was conducted with the Regulatory Compliance Coordinator and Administrative Director of the Infusion Center. The following observations were made.</p> <ol style="list-style-type: none"> 1. Room East 546: A drinking cup that contained blood was located in a trash can in the bathroom. The bathroom floor was dirty with brown dirt and grime around the toilet and sink area. 2. Room East 554: The floor in the bathroom had an accumulation of dirt and grime around the toilet and sink area. 3. Room East 561: The floor in the room had an accumulation of trash which included six used EKG leads, a contaminated 2X2 dressing, a used straw, a used fork and a packet of salad dressing. The floor in the bathroom had an accumulation of brown dirt and grime around the toilet and sink. 4. Room East 565 was a designated a clean 	S 105	<p><i>Measures put in place or systematic changes to ensure that the deficient practice does not recur.</i></p> <p>The Director of Quality Management and Manager of Environmental Services met on May 20, 2011 and May 23, 2011 to review the housekeeping processes for the inpatient units.</p> <p>A review of housekeeping staff assignments was conducted by the Environmental Services Director and staffing determined to be adequate.</p> <p>Housekeeping staff use the "Sodexo Shine – 7 Step Cleaning Process" for cleaning inpatient units. (Exhibit A) The seven step cleaning process is used when cleaning patient rooms following discharge and for daily cleaning of occupied patient rooms. (Exhibit B)</p> <p>Housekeeping staff with responsibility for cleaning inpatient units will be reeducated to the 7 step cleaning process via small group in service. Upon completion of education, staff competency will be assessed by requiring the staff member perform a simulated demonstration of room cleaning using the 7 step cleaning process. (Exhibit C and Exhibit D)</p> <p><i>Individual Responsible:</i> Sodexo Health Care Education/Sr. Training Mgr</p> <p><i>Targeted Date of Completion:</i> May 31, 2011.</p>	

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

STATE FORM

6899

YEGJ11

If continuation sheet 4 of 4

RECEIVED
MAY 27 2011

BUREAU OF LICENSURE AND CERTIFICATION
LAS VEGAS, NEVADA

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS639HOS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/12/2011
NAME OF PROVIDER OR SUPPLIER SUNRISE HOSPITAL AND MEDICAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3186 S MARYLAND PKWY LAS VEGAS, NV 89109		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
S 105	<p>Continued From page 4</p> <p>room that was ready for an admission. A dead cockroach was located on the floor under a window. The bathroom had an accumulation of dirt around the sink and toilet area.</p> <p>5. Room East 566: Drops of blood were located on the floor by the patient ' s bed along with a used betadine pad. The patient reported his intravenous line became detached and blood from his intravenous site leaked out onto the floor.</p> <p>On 05/12/11 at 10:50 AM an interview was conducted with the Environmental Services Director who reported during the day shift one housekeeper was assigned to East 5 unit to conduct daily cleaning of patient rooms and bathrooms, hallways and nursing station area. The Director reported one housekeeper was responsible for completing a seven step cleaning process on each patient room. There were 36 rooms located on the East 5 unit. The Director estimated a typical patient room would take a housekeeper ten to fifteen minutes to clean. The Director confirmed the housekeepers worked eight hour shifts. The cleaning of all 36 patient rooms on the unit would take six to nine hours depending on a ten minute or fifteen minute time frame per room. The Director reported there were ten to fifteen housekeepers assigned on the swing shift to clean rooms where patients had been discharged. The Director reported there were two to three housekeepers staffed for the night shift to perform cleaning duties for the entire facility.</p> <p>The facility ' s Environmental Services 7 Step Cleaning Process Policy dated 2010 included the following:</p>	S 105	<p><i>Monitoring of corrective actions to ensure deficient practice is being corrected and will not recur.</i></p> <p>Beginning June 1, 2011, the housekeeping manager will conduct 10 random audits per day, using the Sodexo room inspection tool (Exhibit H), to assess the inpatient units' physical environment. The audit will be conducted for three months with results reviewed by the Sodexo Manager and reports provided monthly to the Quality Care Council, Medical Executive Committee and Board of Trustees.</p> <p>Signage (Exhibit E) and tent cards (Exhibit F) are placed in patient rooms to provide patients and family members a number to call if they observe an area that requires housekeeping attention between the housekeeper's normal rounds.</p> <p>Beginning June 1, 2011, the housekeeping manager will conduct 10 random audits per day, using the Sodexo room inspection tool. (Exhibit H) This tool will also be used to assess for presence of the signage (Exhibit E) and tent cards (Exhibit F) in the room. The audit will be conducted for three months with results reviewed by the Sodexo Manager and reports provided monthly to the Quality Care Council, Medical Executive Committee and Board of Trustees.</p> <p><i>Individual Responsible:</i> Director of Environmental Services</p>		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

STATE FORM

6899

YEGJ11

If continuation sheet 5 of 6

RECEIVED
MAY 27 2011
BUREAU OF LICENSURE AND CERTIFICATION
LAS VEGAS, NEVADA

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS639HOS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/12/2011
NAME OF PROVIDER OR SUPPLIER SUNRISE HOSPITAL AND MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 3186 S MARYLAND PKWY LAS VEGAS, NV 89109		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 105	<p>Continued From page 5</p> <p>The 7 steps of the cleaning process are:</p> <ol style="list-style-type: none"> 1. Pull trash and linen 2. Complete high dust process. 3. Damp wipe all contact surfaces. 4. Thoroughly clean the restroom. 5. Dust mop properly 6. Damp mop all appropriate areas. 7. Inspect the work according to the Sodexo Shine Standards. <p>A review of the Patient Satisfaction Log for unit 500 East from May 2010 to March 2011 revealed twenty five instances where patients complained of dirty patient rooms and bathrooms on unit.</p> <p>Severity: 2 Scope: 2</p> <p>Complaint # 28141</p>	S 105	<p>RNs, LPNs, CNAs, Occupational Therapy, Physical Therapy, Speech Therapy, Social Workers, Respiratory therapists, dieticians, and Nursing Managers and Directors will receive HealthStream online reeducation with a post test regarding the hospital's cleanup campaign, which addresses roles and responsibilities to maintain a clean environment, and the processes to follow when requesting cleaning of an occupied and discharge patient room. (Exhibit G)</p> <p>Individual Responsible: Chief Nursing Officer</p> <p>Targeted Date of Completion: June 24, 2011.</p> <p>Beginning June 1, 2011, unit staff will also monitor cleanliness of patient rooms via the Environmental Surveillance Audit (Exhibit I). Each inpatient unit will conduct one audit per unit per week for a period of two months with results reviewed by the unit manager and reports provided monthly to the Quality Care Council, Medical Executive Committee and Board of Trustees.</p> <p>Individual Responsible: Chief Nursing Officer</p>	

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

STATE FORM

6899

YEGJ11

If continuation sheet 6 of 6

RECEIVED

MAY 27 2011

BUREAU OF LICENSURE AND CERTIFICATION
LAS VEGAS, NEVADA